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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	71516-2	Total Pages	13
First Named Inventor or Application Identifier			
Pirmin ROMBACH et al.			
Express Mail Label No.			

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. Specification [Total Pages **9**]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 USC 113) [Total Sheets **1**]
4. Oath or Declaration [Total Pages **1**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
(Note Box 5 below)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))
9. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Small Entity Statement filed in prior application, Statement(s) Status still proper and desired
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Other: **Identification of Inventors**
.....

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____

18. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label
(Insert Customer No. or Attach bar code label here)
or Correspondence address below

NAME	John P. DeLuca			
	Watson Cole Grindle Watson, P.L.L.C.			
ADDRESS	1400 K St., NW, 10th floor			
	CITY		Washington	STATE
COUNTRY	U.S.A.	TELEPHONE	202-628-3600	FAX 202-628-3650

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	8 -20 =		+ \$ _____ =	\$
	INDEPENDENT CLAIMS(37 CFR 1.16(b))	1 -3 =		x \$ _____ =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 CFR 1.16(e))	790.00
				Total of above Calculations =	790.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	790.00

6. Small entity status:

- a. A small entity statement is enclosed.
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. _____:

- a. Fees required under 37 CFR 1.16.
- b. Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18. NO FEES PAID AT THIS TIME.

8. A check in the amount of \$ _____ is enclosed.

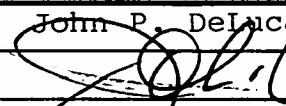
9. Other:

NOTE: *The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

10. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> New correspondence address below
NAME	John P. DeLuca Watson Cole Grindle Watson, P.L.L.C.		
ADDRESS	1400 K St., NW, 10th floor		
CITY	Washington	STATE	DC
COUNTRY	U.S.A.	TELEPHONE	202-628-3600
		ZIP CODE	20005-2477
		FAX	202-628-3650

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	John P. DeLuca, Reg. No. 25,505
SIGNATURE	
DATE	October 30, 1998